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CONFIRMATION NO. 5017

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| SERIAL NUMBER 10/715,220 | FILING OR 371(c) DATE 11/17/2003 RULE | CLASS 435 | GROUP ART UNIT 1634 | ATTORNEY DOCKET NO. IMSCI.009C2 |
| APPLICANTS Aristo Vojdani, Los Angeles, CA; | | | | |
| ** CONTINUING DATA ***** <i>Jo</i> This application is a CON of 09/283,655 04/01/1999 PAT 6,815,161 and is a CON of 09/620,375 07/20/2000 ABN <i>not copending</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>Jo</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/15/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY CA | SHEETS DRAWING 2 | TOTAL CLAIMS 14 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 20995 | | | | |
| TITLE Detection of Mycoplasma in patients with chronic fatigue syndrome and related disorders | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |